Free Care

Answering your questions about the Massachusetts Uncompensated Care Pool



This newsletter is intended to answer questions about Free Care eligibility, and to help hospitals and community health centers understand the free care eligibility regulation, 114.6 CMR 10.00.

If you have questions about free care eligibility, please contact the Division of Health Care Finance and Policy at 617-988-3222.

Please share this newsletter with everyone at your facility who assists patients with free care applications.

Screening Children for MassHealth and the Children's Medical Security Plan (CMSP)

All applicants for free care must be screened for other sources of coverage and potential for eligibility in other programs before approving them for free care, and providers must assist patients with the application process (114.6 CMR 10.04(2)). There should be very few children in full free care except for minors receiving confidential services, CMSP enrollees receiving scheduled inpatient services, or other unusual circumstances. All children with family incomes under 200% FPL are eligible for and should be enrolled in either MassHealth Standard or in CMSP and MassHealth Limited.

Applying for Free Care and MassHealth

If a person is applying for free care and MassHealth at the same time, the applicant is only required to complete a condensed free care application (DHCFP-FC2) and a Medical Benefit Request (MBR). A regular free care application (DHCFP-FC1) is not necessary, because the MBR contains all of the information necessary to make a free care determination. To complete the free care determination, the provider should enter the information on the MBR into the electronic free care application as though it were a regular free care application. The application cannot be entered into the system as a condensed application; the system will remind the user of this.

A person who is already enrolled in MassHealth may apply for free care to cover prior dates of service or non-covered services by completing the condensed free care application. The provider must verify the applicant's MassHealth eligibility status through the REVS system, and this verification from MassHealth is considered sufficient residency and income documentation to support the free care application.

Using Affidavits

DHCFP regulation 114.6 CMR 10.04(3) refers to the free care application guide for acceptable forms of documentation. Affidavits may be used as income or residency documentation only when the applicant cannot provide any of the preferred forms of documentation or acceptable alternatives (see section 5, p.9 and appendix B of the application guide). The Division would expect an applicant to use an affidavit when he or she has no family income at all or in the rare instances when no other documentation exists. If an applicant has no residency documentation because he or she lives with another person and has nothing in his or her own name, the preferred documentation would be documentation in the other person's name and an affidavit from the applicant stating that he or she lives with the person whose name is on the documentation.

Affidavits may not be used as "placeholders" in cases where documentation exists but the applicant neglected to provide it when completing the application. In these cases, the application is incomplete until the applicant provides the required documentation. If an applicant has neither income nor residency documentation (a homeless person with no income, for example), separate affidavits must be used for each.

Because the affidavit is submitted in lieu of standard documentation, applicants must explain why they cannot provide the required documentation. If an applicant does not explain why no other documentation exists, the provider must document why no other documentation exists or what steps it has taken to try to obtain documentation. Finally, under ordinary circumstances, affidavits should be written by applicants. If an applicant is unable to write the affidavit (because of physical or mental incapacity or an inability to write in English, for example), the affidavit may be written by the patient's authorized representative, or, as a last resort, by a hospital or health center staff person. The applicant must still sign the affidavit unless he or she is physically or mentally incapacitated, in which case this circumstance must be explained.

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Free Care Application Forms

Translations of the free care application are available on the Division's web site at www.state.ma.us/dhcfp. Providers without Internet access can also request copies from the Division by calling Cloria Bethea at 617-988-3177. Translations are available in Chinese, Haitian Creole, Khmer, Portuguese, Spanish, and Vietnamese.

Free Care Notes/Number 6 Division of Health Care Finance and Policy Two Boylston Street Boston, MA 02116-4704

Are you the correct contact person at your site for this information? Are your name and address correct?

Please note any changes directly on this label and send to the address above or fax to Dorothy Barron at (617) 727-7662.



Free Care Notes

This newsletter is intended to answer questions about free care eligibility, and to help providers understand the new free care eligibility regulation, 114.6 CMR 10.00. If you have additional questions about free care eligibility, please contact the Division of Health Care Finance and Policy at 617-988-3222.

Access to Health Care in Massachusetts: A Catalog of Health Care Programs for Uninsured and Underinsured Individuals

Designed as a comprehensive resource for providers, this catalog contains detailed information on over 75 federal, state, and local programs that are available to pay for all or part of an uninsured or underinsured patient's care. It includes programs ranging from MassHealth and Medicare to free dental clinics and discount prescription drug plans. We hope that this catalog, which provides information on eligibility guidelines, the range of services covered, and how to apply, will facilitate access to health care by helping to refer individuals to the most comprehensive health care programs for which they qualify. One free copy was sent to each hospital and community health center. The information in this catalog is also included in the electronic free care application under the "other programs" menu. Additional copies are available for purchase for only \$10.00 each (this price includes shipping and handling). To order, please contact Terry Crane at 617-988-3105 or email: terry.crane@state.ma.us.